



Please type or print clearly.

Mr. _____ First Name MI. Last Name

Mrs. _____

Ms. _____

Home Address: _____ Apt: _____

City: _____ County: _____ State: _____ Zip Code: _____

Telephone Numbers: _____ Home Work Cell

Pager Fax E-mail

Date of Birth: _____ Sex: _____ Race: _____ SSN: _____

Driver License Number: _____ State: _____ Expires: _____

Group Affiliation/Neighborhood (school, homeowner's assoc., independent, etc): _____

Occupation: _____ Employer: _____

Completed a CPR course? _____ First Aid course? _____ Month/Year of last certification: _____

Any disaster-related training or experience? _____

Are you a licensed amateur radio operator? _____ Call sign: _____ Class: _____

Are you a Doctor? _____ Nurse? _____ DVM? _____ EMT? _____ Paramedic? _____

Prior military service? Army _____ Navy _____ Marines _____ Air Force _____ Coast Guard _____

Languages spoken fluently: English _____ Spanish _____ Creole _____ Other _____

Any special skills or training? _____

Please specify the date of the class/course you will be attending:

I have given the above information voluntarily, and I certify that all statements and representations are true and correct. I understand that it will be used and disclosed for CERT purposes or to any party with legal and proper interest, and I release the City of Miami Beach CERT Program from any liability whatsoever for supplying such information. I understand that a background check may be conducted, and that a prior felony conviction, or misdemeanor sex conviction may disqualify my application and prevent participation in the CERT Miami Beach program. I understand that I will not be paid for my services as a CERT volunteer. I agree to comply with the City of Miami Beach CERT Code of Conduct.

NAME (Print clearly in ink): _____ DATE: _____

SIGNATURE: _____

Please return this application to Valerie Montgomery: Miami Beach Fire Rescue, 2300 Pine Tree Drive, Miami Beach, FL 33140. Fax: (305) 673-7881 E-mail: vmontgomery@miamibeachfl.gov